Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in actions are completed in the complete all entries in actions.	cordance wit	h the instructions to the Form 5500	0-SF.			
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01	/2011	and ending 1	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under:	automatio	extension		DFVC progra	m	
	special extension (enter desc	rintion)		ı			
		' '					
	art II Basic Plan Information—enter all requested in	formation		4 14			
	Name of plan EDERER CO., INC. 401(K) PLAN				Three-digit plan number		
K.F.	EDERER CO., INC. 401(K) PLAN				(PN) ▶	001	
					Effective date of	· plan	
					01/01/		
	Plan sponsor's name and address; include room or suite numb EDERER CO., INC.	er (employer, if	for a single-employer plan)		Employer Identif		r
13. 1	. EDEREN GO., INC.				(EIN) 64-04		
				2c	Sponsor's telept		
	T OFFICE BOX 874 AN SPRINGS, MS 39564			2d	Business code (c)
OOL	, 11 OF 111100, 1110 000004			24	31400		3)
3a	Plan administrator's name and address (if same as plan sponsor	or. enter "Same	3")	3b	Administrator's E		
	EDERER CO., INC. POST OF	FFICE BOX 87 SPRINGS, MS	4		64-04	77969	har
				30	Administrator's t 228-875		Dei
4	If the name and/or EIN of the plan sponsor has changed since	the last return/	report filed for this plan, enter the	4b	EIN		
_	name, EIN, and the plan number from the last return/report.			4.			
	Sponsor's name			4c	PN T		
ъa	Total number of participants at the beginning of the plan year			5a			17
b	Total number of participants at the end of the plan year			5b			17
С	Number of participants with account balances as of the end of complete this item)		•	5c			10
6a	Were all of the plan's assets during the plan year invested in e	eligible assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report	rt of an indeper	ndent qualified public accountant (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligib	•	•			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot us	se Form 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information			-			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	495298			471762	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	495298			471762	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		5000				
	(1) Employers	8a(1)	5288				
	(2) Participants	8a(2)	20850				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-38571				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-12433	
d	Benefits paid (including direct rollovers and insurance premium to provide benefits)	ns	11103				
е	Certain deemed and/or corrective distributions (see instruction						
f	Administrative service providers (salaries, fees, commissions).						
g g	Other expenses						
9 h	•					11103	
:	, , , , , ,					-23536	
!	Net income (loss) (subtract line 8h from line 8c)					-20000	
J	Transfers to (from) the plan (see instructions)	······ 8j					

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Part IV	Plan Characteristics
9a If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions

2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	o X	X		A	mount	
CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	o X	X				
the plan covered by a fidelity bond? the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? the any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)	X					
the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)						
e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	t	X				500
rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)						
the plan failed to provide any benefit when due under the plan?	9	X				
· · · · · · · · · · · · · · · · · · ·	f	X				
the plan have any participant loans? (If "Yes," enter amount as of year end.)	3	X				
s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	X					
h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	X					
Pension Funding Compliance						
s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and completed))	e Sch	edule	SB (Fo	orm	Ye	s X
is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s					Ye	s X
es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction ting the waiver						
ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		401	_			
r the minimum required contribution for this plan year		12h	_			
r the amount contributed by the employer to the plan for this plan year		120				
he minimum funding amount reported on line 12d be met by the funding deadline?			\dashv	Yes	No	X N
Plan Terminations and Transfers of Assets				<u> </u>	ı	
a resolution to terminate the plan been adopted in any plan year?		🗆	Yes	X No		
es," enter the amount of any plan assets that reverted to the employer this year						
e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under e PBGC?	er the		ol		Ye	s X
ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)					_	_
Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN
a penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	ause i	is esta	ablishe	ed.	l .	

SIGN	Filed with authorized/valid electronic signature.	08/27/2012	PATRICK SUFFERN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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2011

OMB Nos. 1210-0110 1210-0089

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	Complete all entries in according to the complete all entries are considered to the complete all entries and the complete all entries are considered to the considered	dance wit	h the instructions to the Form 550	0-SF.	mspection				
	art I Annual Report Identification Information								
		1/01/2	2011 and ending		12/31/2011				
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)	1				
C	Check box if filing under:	automatic	cextension	,	DFVC program				
	special extension (enter description				L 5. 10 p.og.am				
P	art II Basic Plan Information—enter all requested informa	,							
	Name of plan	auon		16	Three-digit				
	R.F. EDERER CO., INC. 401(k) PLAN			עו	plan number				
	201 201 201 201				(PN) ▶ 001				
				1c	Effective date of plan				
0-				ļ	01/01/1988				
Za	Plan sponsor's name and address; include room or suite number (e. R. F. EDERER CO., INC.	mployer, if	for a single-employer plan)	2b	Employer Identification Number				
	R. F. EDERER CO., INC.		•		(EIN) 64-0477969				
				2c	Sponsor's telephone number				
	POST OFFICE BOX 874				(228) 875-9345				
	OCEAN SPRINGS		MG COECA	Za	Business code (see instructions) 314000				
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	MS 39564	3h	Administrator's EIN				
	SAME	itei Gaine	•)	JD	Administrator's EIN				
				3с	Administrator's telephone number				
4									
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name			4c	DNI				
	Total number of participants at the beginning of the plan year				17				
	Total number of participants at the end of the plan year			5a					
	Number of participants with account balances as of the end of the p			5b	17				
	complete this item)	nan year (defined benefit plans do not	5c	10				
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ident qualified public accountant (IO)	PAY	—				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ions.)		X Yes No				
D-	If you answered "No" to either 6a or 6b, the plan cannot use Foirt III Financial Information	orm 5500-	SF and must instead use Form 55	00.					
7	- In the state of	l .							
	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year				
	Total plan assets	7a	495,29	8	471,762				
b		7b		_					
	Net plan assets (subtract line 7b from line 7a)	7c	495,29	8	471,762				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
a	Contributions received or receivable from: (1) Employers	0~/4\	5,28	8					
	(2) Participants	8a(1)		∹	임생 그 11학이 12학교 12학교				
	(3) Others (including rollovers)	8a(2)	20,85	4					
h		8a(3)	/20 =71	-					
	Other income (loss)	8b	(38,571						
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	the state of the s	4	(12,433)				
u	to provide benefits)	8d	11,10	3	garage and well-state and the				
е	Certain deemed and/or corrective distributions (see instructions)	8e		-	일반 12 원리를 된 하는데				
f	Administrative service providers (salaries, fees, commissions)	8f		\dashv					
g	Other expenses			-					
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		-					
i	Net income (loss) (subtract line 8h from line 8c)	8h		+	11,103				
i	Transfers to (from) the plan (see instructions)	8i		+-	(23,536)				
	Paperwork Reduction Act Notice and OMB Control Numbers, cost the instruction for	8j			<u>, esployed a factor de la colo</u>				

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Form	ວວບບ	·.>> I	7U.	ll

SIGN HERE

Signature of employer/plan sponsor

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Par	IV Plan Characteristics		 .		
9a	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charact 2E 2F 2G 2J 2K 2T 3D	eristic (Codes i	n the instructi	ons:
b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characte	ristic C	odes in	the instruction	ns:
Part	Compliance Questions				
10	During the plan year:	Ye	s No	T	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Da Da	X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	ob ob	X		
С	N	Oc X	1		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	od .	X		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See	De l	X		
f	Has the plan failed to provide any benefit when due under the plan?	Of	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.))g	X		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	oh X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	Oi X			
	/I Pension Funding Compliance				
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))	te Sch	edule S	B (Form	☐ Yes ☒ No
lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	ns, and	l enter	the date of the	Yes X No
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	a	12d		mneed .
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	**********		Yes	No X N/A
Part			•		
13a	Has a resolution to terminate the plan been adopted in any plan year?		<u> 🔲</u>	Yes X No	
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year	ler the	control	***************************************	
C	of the PBGC?	plan(s)	to		Yes X No
1	c(1) Name of plan(s):	1	3c(2) [EIN(s)	13c(3) PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable				
20 01	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rel it is true, correct, and complete.	report, ort, an	includi d to the	ng, if applicab best of my kr	ole, a Schedule nowledge and
SIGI	Vausa C. 50 M 8/8/12 Laura E. Bol	ton		•	
HER			ianina	as nlan admin	ujetrator.

Date

Enter name of individual signing as employer or plan sponsor